



# Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS  
110 EAST MAIN STREET, SUITE 715  
MADISON, WI 53703-3328  
TELEPHONE: (608) 266-9760

## MULTISTATE BAR EXAMINATION REQUEST & RELEASE FORM

**TO THE APPLICANT:** Do not send this form to Wisconsin. You must determine the correct agency to which your MBE transfer request should be directed. Complete the top of this form and mail it to that agency with any applicable fee. Your score must be received at the Board of Bar Examiners office by the following deadlines: January 16, 2006 for the February examination and June 15, 2006 for the July examination. It is your responsibility to make the agency aware of the deadline.

**NOTE:** Several jurisdictions have authorized the National Conference of Bar Examiners to transfer MBE scores to other jurisdictions.

YOUR NAME AS IT APPEARS ON  
YOUR WISCONSIN APPLICATION:

\_\_\_\_\_ (first) (middle) (last)

THE NAME UNDER WHICH  
YOU TOOK THE MBE:

\_\_\_\_\_ (first) (middle) (last)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
MM/DD/YY

I hereby authorize the (jurisdiction) \_\_\_\_\_ Board of Bar Examiners and/or the National Conference of Bar Examiners to release to the Wisconsin Board of Bar Examiners my Multistate Bar Examination raw and scaled scores which I attained on the bar examination administered on (date) \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Examination #

## CERTIFICATION OF MULTISTATE BAR EXAMINATION SCORE

**TO CERTIFYING OFFICIAL:** Please complete and transmit this certification directly to the Wisconsin Board of Bar Examiners at the address noted above.

(1) The above-named applicant attained a raw score of (optional) \_\_\_\_\_ and a scaled score of \_\_\_\_\_ on the Multistate Bar Examination administered in (jurisdiction) \_\_\_\_\_ on (date) \_\_\_\_\_.

(2) Was the MBE administered as part of a bar examination in your jurisdiction?

\_\_\_\_\_  
Yes No

(3) Was the applicant successful on the total examination at which this MBE was taken?

\_\_\_\_\_  
Yes No

Print name of certifying official: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_